



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
BUREAU OF TENNCARE
310 GREAT CIRCLE ROAD
NASHVILLE, TENNESSEE 37243 - 1700

CHECKLIST

This check list will assist you in completing and returning the correct forms along with this document.
Enrollment Packets must include the following:

Home Health Recertification

Medicare Provider Number

— — — — —

Medicaid Provider Number

— — — — —

NPI Number

— — — — —

NPI Collection Form

Disclosure of Ownership

(2) HIPAA Agreements

No. 3 Group Application

Substitute W-9 Form
